

Paper: 7

Date	Tuesday, 12 June 2018
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Title of paper	GP at Hand - Update
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Author	Toby Hyde, Associate Director, Strategy & Primary Care				
Responsible Director	Approved report Yes <input checked="" type="checkbox"/> <input type="checkbox"/>				
Clinical Lead	Vanessa Andreae, Vice Chair, Hammersmith & Fulham CCG				
Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so
Assurance Level Agreed by Responsible Director	Good YES	Adequate	Limited	Unsatisfactory	

The Committee is asked to:

Note the update on the GP at Hand practice and the outcome of the procurement to appoint a provider to undertake an independent evaluation of the model.

Summary of purpose and scope of report

The following report provides an update to the Primary Care Commissioning Committee on the ongoing programme of work the CCG is undertaking with NHSE relating to the GP at Hand practice (which is referred to as GPAH henceforth)

1. Registration patterns

The list size of the GP at Hand practice was at 30,422 as of 25th May 2018, an increase of over 5,000 patients since mid-April. The growth in list size has been variable during Q4 of 17/18 and Q1 of 18/19 – for example the practice had a drop-off in the registration rate between mid-February and mid-April (averaging around 1,200/month). This was due to two factors – a reduction in the rate of applications and a decision by the practice to reduce the rate at which applications were processed in order to in order to ensure systems and processes could cope with their planned scale of future registrations. .

Patients are not registered with GPAH under the registration process has been completed and they have received notification to that effect. During this time, the patient remains with their existing GP practice. The GPAH practice has confirmed that this is made explicit in ongoing communications to patients who have applied to register and are in the registration process. Management of registration processes and registration patterns continue to be a standing item on contract meetings with the provider.

The PCCC is asked to note the increase in registered list size of the practice and note the assurances given by GPAH re communications to patients who have applied to register.

2. Clinical pathway issues

As part of the ongoing dialogue with the practice, GPAH have reported ongoing challenges in terms of access to referral pathways. For example, there have been a number of challenges with IAPT services, where other London CCGs and providers have indicated they are unable to accept referrals. In most cases this has been resolved with support from H&F CCG, however there remain some unresolved difficulties where the local CCG has indicated the local provider has insufficient capacity to deliver the additional activity required. This has been escalated via the NHSE (London) team.

The CCG is in ongoing dialogue with the practice, including currently working with the practice and NHS England team to assure that patients registered with GPAH have full access to accessible screening services. This has also been raised nationally for consideration in relation to the GP Choice policy.

As other issues arise the CCG will work with GPAH and NHS colleagues to seek resolutions, for example recent patient survey work undertaken by the CCG team has indicated challenges with regard patient transport.

The PCCC is asked to note the above update and actions.

3. Finance update

As an update to the paper that came to PCCC in March relating to GPAH financial implications, the CCG is continuing to monitor the costs associated with the list size growth of the practice, both in terms of capitation-based payments to the practice and associated healthcare costs of GPAH-registered patients. The CCG has received confirmation that these additional costs will be met by NHS England, which has been incorporated into the CCGs financial planning assumptions for 18/19. There is an ongoing dialogue with the NHSE (London) finance team to agree the value of the costs attributable to GPAH and a timeline has been requested to reach final agreement.

The PCCC is asked to note the above update. The Committee will be updated once a resolution is finalised for 2018/19.

4. Evaluation outcome

At the last meeting on 15th May, the PCCC received an update on the procurement process to appoint a provider to undertake an independent evaluation of the GP at Hand model. This was received in private and included a recommendation to award the contract to a preferred bidder. The procurement has now concluded and the preferred bidder can now be confirmed.

Ipsos MORI were selected from a range of competitive bids, scoring the highest at both written evaluation and interview stages. They were able to demonstrate the requisite skills and experience to deliver a robust and independent evaluation. Ipsos MORI will be working with York Health Economics Consortium (YHEC) to deliver the quantitative elements required in the specification.

The PCCC is asked to note the conclusion of the procurement process and the contract award to the preferred bidder following approval in March's Committee.

Quality & Safety/ Patient Engagement/ Impact on patient services:

The on-going assurance of the GP at Hand practice is being undertaken by the CCG and NHS England – updates will continue to be provided to the Primary Care Commissioning Committee.

Finance, resources and QIPP

The financial implications of the GP at Hand practice list size growth are referenced within this paper.

Equality / Human Rights / Privacy impact analysis

The GPAH practice met with the CCG on 23rd February 2018 and agreed to undertake a full Equality Impact Assessment (EQIA). This is being undertaken with support from an independent provider and is expected to be completed prior to the next PCCC on 17th July.

Risk**Mitigating actions**

Risks relating to GPAH are included within the PCCC and GB risk registers.

Supporting documents**Governance and reporting**

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

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Committee name	Date discussed	Outcome
None.		